



Direct Deposit Transfer Letter

This form should be completed, signed and submitted to any employer/vendor originating a direct deposit to your account.

[ ] Request for new direct deposit

[ ] Change existing direct deposit

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Bank Name: Community Bank, N.A.

Bank Routing Number: 021307559

Account Number: \_\_\_\_\_ [ ] Checking [ ] Savings

Account Number: \_\_\_\_\_ [ ] Checking [ ] Savings

I authorize \_\_\_\_\_ (employer/vendor) to make direct deposits to the account(s) indicated above.

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

SS#: (Only needed for Social Security Direct Deposit) \_\_\_\_\_

Customer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

